0862: BARRIERS TO OPERATIVE TRAINING PROGRESSION FOR CARDIO-THORACIC SURGICAL HOUSE OFFICERS

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Introduction: Cardiothoracic SHOs have a well-defined role in cardiac surgery to harvest conduit for bypass grafting. This role may cause trainees to miss opportunities to perform more complex parts of cardiac surgery. The next stage in training after vein harvesting is to perform median sternotomy. We audited the number of sternotomies performed by SHOs and investigated the conditions that facilitated them doing so.
Method: The prospective Recovery from Operation Quality Assessment System (ROQAS) database was used to identify all median sternotomies performed by SHOs.
Result: Between April 2011 and January 2015, 1939 patients were entered in the ROQAS database. Of these just 28 (1.4%) had median sternotomy performed by an SHO. SHOs were more likely to perform sternotomy if they worked with certain consultants or if the primary operator was a registrar ($p < 0.038$). No association was found with type of operation (CABG or valve) ($p = 0.299$), or with the availability of a surgical care practitioner to harvest conduit in place of the SHO ($p = 0.428$).
Conclusion: Our results suggest that the need to harvest saphenous vein is not a limiting factor in SHOs performing sternotomy. The most important factor seems to be the relationship between the trainer and the trainee.

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0924: TREATMENT OF PRIMARY SPONTANEOUS PNEUMOTHORAX AT A TERTIARY CENTRE

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Aim: Guidelines on management of spontaneous pneumothorax (PSP) were published by the British Thoracic Society in 2010. Our aim was to determine compliance with the guidelines and compare to a previous audit.
Method: Patients undergoing surgery for PSP at the Liverpool Heart and Chest Hospital during 2015 were identified from operating lists. Data regarding their admissions were extracted from Electronic Patient Records (EPR).
Result: Fifty-five patients underwent 57 operations for PSP. There were 41 males. Patients had a median age of 25 years (range 16-54). 61% of admissions were elective and 39% urgent. 55 operations were video-assisted thoracoscopic surgery (VATS). 71.5% of elective patients were referred after their second episode of ipsilateral or contralateral pneumothorax, while most (64%) of the urgent cases were referred after their first episode. Referral times for urgent cases have significantly decreased (median 5 days vs. 7 days $p = 0.04$). Median post-operative stay was 3.2 days in the elective and 3.5 days in the urgent group. In the urgent group the length of stay had decreased from 5 days ($p < 0.0001$). Complication rates were comparable in both groups.
Conclusion: BTS guidelines are adequately followed. This has significantly improved since the previous audit. VATS is now the standard approach.

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1377: THE RECOVERY FROM OPERATION QUALITY ASSESSMENT SYSTEM (ROQAS) DATABASE: A NOVEL TECHNOLOGY FOR THE REAL-TIME ASSESSMENT OF IN-HOSPITAL RECOVERY FOLLOWING CARDIAC SURGERY

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Objective: Public outcome recording is a mandatory aspect of surgical practice. Cardiac surgery led the way for publication of data but post-operative data collection is limited (death, stroke and renal impairment). We have developed a tool that facilitates progressive and detailed real-time analysis of outcomes.
Method: All patients undergoing cardiac surgery between April 2011 and January 2015 were included. Patient recovery was prospectively recorded for every day of their admission. Data was collected on over 30 complications, functional recovery and reasons for delayed progress. We analysed factors contributing to delayed discharge.
Result: 1939 patients were recruited (25422 patient-days). Group 1 ($n = 660$) experienced uncomplicated recovery whilst group 2 ($n = 1215$) experienced at least 1 complication. Mean lengths of stay for groups 1 and 2 were 5.03 and 11.8 days respectively. In group 2, discharges were delayed an average of 6.35 days (medical reasons = 5.03 days, social reasons 1.32). The average time to mobilise was 1.14 and 1.94 days for group 1 and 2 respectively.
Conclusion: The ROQAS database provides a unique perspective on patient recovery. It facilitates institutional learning and intelligent allocation of resources. We discuss the streamlining of the patient journey and future areas of development including artificial intelligence.

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Case reports

0328: ANCIENT SCHWANNOMA OF THE CERVICAL SYMPATHETIC CHAIN

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Introduction: Ackerman in 1951 suggested the terminology "ancient" schwannoma to connote the degenerative changes to the appearance of these lesions. Ancient schwannomas arising from the cervical sympathetic chain are rare with only 3 cases previously reported in the literature.
Case Report: A 36 year old female presented to the ENT clinic having noticed a lump on the left side of her neck over the last month. Fine needle aspiration was attempted with ultrasound scan but had inadequate cellular yield. At surgery the mass was found to be arising from the cervical sympathetic chain and was peeled away from the nerve sheath. An ancient schwannoma was confirmed on histology.
Discussion: The presence of vascular displacement is helpful in determining tumor origin. In our case, MRI revealed a displaced carotid artery in the antero-medial direction. Vagal schwannomas typically results in an increased distance between the carotid arteries and the internal jugular vein, whereas tumors that arise from the cervical sympathetic chain do not.
Conclusion: Ancient schwannoma of cervical sympathetic chain is a rare entity and can masquerade as other masses due to the site of location but can be differentiated by displacement of vessels seen on MRI or contrast-enhancing CT.

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0552: PYOPERICARDIUM SECONDARY TO ACHALASIA-ASSOCIATED SQUAMOUS CELL CARCINOMA OF THE OESOPHAGUS

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Introduction: Patients with achalasia of the oesophagus are known to be at increased risk of oesophageal squamous cell carcinoma (SCC). To our knowledge this is the first report of an achalasia-associated oesophageal SCC presenting with a malignant perforation into the pericardium. The patient provided informed consent for this case report.